## FORM D SEC Wall Processing Section

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

## 09 **2000** 

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6) AND/OR

พอรูหาดูโอก. DC SECTION 4(6) AND/OR แกรการ UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL							
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#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:

  - Each promoter of the issuer, if the issuer has been organized within the past five years;
    Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
    Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

  - Each general and managing partner of partnership issuers.

·					
Check Box(es) that Apply:	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)			· ·	
Baker, James R., Jr.					
Business or Residence Address	(Numbe	er and Street, City, State, Z	ip Code)		
2311 Green Road, Suite 1, Ann A	rbor MI 48105				
Check Box(es) that Apply:	□ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)			-	· <del>-</del> ·
Perseus Partners VII, L.P.					
Business or Residence Address	(Numb	er and Street, City, State, Z	ip Code)		
1325 Avenue of the Americas, 6 <sup>th</sup>	Floor, New York,	NY 10019			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)		····		
Peralta, David					
Business or Residence Address	(Numb	er and Street, City, State, Z	ip Code)		
2311 Green Road, Suite 1, Ann A	urbor MI 48105				
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer		☐ General and/or Managing Partner
Full Name (Last name first, if inc	lividual)				
Selby, Norman C.					
Business or Residence Address	(Numb	er and Street, City, State, Z	(ip Code)		
2311 Green Road, Suite 1, Ann A	arbor MI 48105	·			
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if inc	lividual)				
Cresswell, Ronald M.					
Business or Residence Address		er and Street, City, State, 2	(ip Code)		
2311 Green Road, Suite 1, Ann A				- D'I	= Coursel and/or
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if inc	lividual)				
Dubin, Daniel B.					<u></u>
Business or Residence Address	•	er and Street, City, State, Z	Cip Code)		
2311 Green Road, Suite 1, Ann A					= C1
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if inc	lividual)				
Moellering, Robert C.					
Business or Residence Address	·	er and Street, City, State, 2	Zip Code)		
2311 Green Road, Suite 1, Ann A		= D:	= F	ER Dinaster	☐ General and/or
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	Managing Partner
Full Name (Last name first, if inc Stout, David M.					
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		
2311 Green Road, Suite 1, Ann A	Arbor MI 48105		<u></u>		

				B. INF	ORMATIC	N ABOUT	OFFER	NG				
1. Has the iss	suer sold, o	r does the is	suer intend	to sell, to r	non accredit	ed investor	s in this off	ering?				3) No
			Ans	wer also in	Appendix,	Column 2,	if filing und	der ULOE.				
2. What is the	e minimum	investment	that will be	e accepted	from any in	dividual?					\$N/A-	
				-							Yes N	No
3. Does the o	ffering per	mit joint ow	mership of	a single uni	it?						⊠ {	כ
4. Enter the iremuneration agent of a bropersons to be Full Name (L.	for solicita ker or deal listed are a	tion of pure er registered ssociated po	chasers in co d with the S ersons of su	onnection v EC and/or	vith sales of with a state	securities i	n the offeri	ng. If a per	son to be li er or deale	sted is an a	associated than five (	person or
-N/A-												
Business or R	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	ode)						
-N/A-												
Name of Asso	ociated Bro	ker or Deal	er									
-N/A-												
States in Whi											All Chaire	,
(Check ".	All States" [AK]	or check in- [AZ]	dividual Sta [AR]	ites) [CA]	[CO]	[CT]	(DE)	[DC]	[FL]	U	All States [HI]	i [ID]
(AL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	(MI)	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA]
(RI)	(SC)	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	(WV)	(WI)	[WY]	(PR)
Full Name (L	<del></del>			[17]	[01]	[ 1 1 1	[ * * * * ]	[,,,,,]	(,, ,)	[]	11	(,,,,
	ust marie ti	100, 11 11.071	,									
-N/A- Business or R	ecidence A	ddrace (Niu	mher and S	treet City	State 7 in C	'ode)						
Duşiness of N	esidence A	iddiess (14d	inder and S	neer, eny,	State, Zip C	.ouc)						
-N/A-	(5)				<del> </del>							
Name of Asso	ociated Bro	ker or Deal	er									
-N/A-												
States in Whi		Listed Has S or check in			Solicit Purc	hasers				П	All States	ŧ.
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
(!L]	[IN]	[IA]	(KS)	(KY)	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	ונאו	[NM]	(NY)	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
(RI)	[SC]	[SD]	[TN]	[TX]	[UT]	(VT)	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L									-	•		
NI/A												
-N/A- Business or R	lesidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)						
						•						
-N/A- Name of Asse	ociated Bro	ker or Deal	er									
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-N/A- States in Whi	ah Barrar 1	listed Hee	Colinitad c=	Intende to	Catioit Du-	hocarc				<u> </u>		
		or check in									All States	;
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[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
IRD	ISCI	(SD)	[TN]	[TX]	[UT]	[TV]	[VA]	(WA)	[WV]	[W]	[WY]	[PR]

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

(	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange already exchanged.	ange			
•	Type of Security		gregate ering Price		ount Already Sold
	Debt	\$ <u>-</u>	N/A		<u>-N/A-</u>
	Equity	<b>s_</b>	1,000,000	3	10,000,000
	□ Common 🗵 Preferred				
	Convertible Securities (including warrants)	<b>s</b> _	N/A		SN/A
	Partnership Interests		N/A-		S -N/A-
	Other (Specify)		N/A-		SN/A
	Total		1,000,000		\$ <u>10,000,000</u>
	Answer also in Appendix, Column 3, if filing under ULOE.				
1	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate number of persons who have purchased securities and the aggregate dollar amount of their pur on the total lines. Enter "0" if answer is "none" or "zero."	ate rchases	Number investors	1	Aggregate Dollar Amount of Purchases
	Accredited Investors		l <u></u>	1	\$ <u>10,000,000</u>
	Non-accredited Investors	<u></u>	)	!	\$ <u> </u>
	Total (for filings under Rule 504 only)	<u> </u>	·N/ <u>A-</u>		\$N/A
	Answer also in Appendix, Column 4, if filing under ULOE.				
	If this filing is for an offering under Rule 504 or 505, enter the information requested for all secur sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question				
	Type of offering		Type of Security		Dollar Amoun Sold
	Rule 505		·N/A-		\$N/A
	Regulation A		-N/A		\$N/A
	Rule 504		·N/A-		\$N/A
	Total		·N/A		\$N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the iss. The information may be given as subject to future contingencies. If the amount of an expend is not known, furnish an estimate and check the box to the left of the estimate.	suer. iture			
	Transfer Agent's Fees				\$0
	Printing and Engraving Costs				<b>S</b> _0
	Legal Fees			Ø	\$_50,000
	Accounting Fees			B	<b>S</b> 0
	Engineering Fees			0	\$ <u>0</u>
	Sales Commissions (specify finders' fees separately)				<b>s</b> 0
	Other Expenses (identify)				\$ <u>0</u>
	Total			Ø	\$ 50,000

C. OFFERING PRIC	E, NUMBER OF INVESTORS, EXPENSES AND USE	OF P	ROCEEDS		
I and total expenses furnished in respons "adjusted gross proceeds to the issuer.".  Indicate below the amount of the adjusted a	ate offering price given in response to Part C - Question to Part C - Question 4.a. This difference is the			,	\$ 10,950,000
estimate and check the box to the left of the	amount for any purpose is not known, furnish an estimate. The total of the payments listed must equal forth in response to Part C - Question 4.b above.				
are adjusted gross proceeds to the issuer see	Total Interpolation and Control Interpolation		Payments to Officers, Directors, & Affiliates		Payments To Others
Salaries and fees			\$		\$
Purchase of real estate			<b>s</b>		\$
Purchase, rental or leasing and installat	ion of machinery and equipment	0	\$	₽	\$
	gs and facilities,	0	\$		<b>s</b>
Acquisition of other businesses (includ offering that may be used in exchange	ing the value of securities involved in this for the assets or securities of another		•	_	•
•			\$		s
• •			\$		\$
Working Capital			\$		\$ <u>10,950,000</u>
Other (specify):			\$		\$
			\$		s
			\$ <u>0</u>	Ø	\$10,950,000
<del>_</del>					
Total Payments Listed (Column totals a	added)		⊠ \$ <u>1</u>	0 <u>.95</u>	0.000
	D. FEDERAL SIGNATURE				
following signature constitutes an undertak	gned by the undersigned duly authorized person. If this not ing by the issuer to furnish to the U.S. Securities and Exch issuer to any non-accredited investor pursuant to paragra	range C	Commission, up	e 50: on w	5, the ritten request
ssuer (Print or Type)	Signature		Date		
NanoBio Corporation			9-5.	- 0	4
Name of Signer (Print or Type)	Title of Signer (Print or Type)				<del></del>
David Peralta	Chief Financial Officer				
	1				

ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

